



*Jo Saint-George*  
Phone: 602-326-8663  
Fax: (202) 830-2005  
E-mail:  
[jo@woc4equaljustice.org](mailto:jo@woc4equaljustice.org)

VIA- ECF -

October 16, 2024

Honorable Eric Komitee  
United States District Court  
Eastern District of New York  
225 Cadman Plaza East, Courtroom 6G North  
Brooklyn, New York 11201

Re: **LETTER MOTION – REQUEST FOR CONTINUANCE**  
Women of Color for Equal Justice et al. v. New York, et. al  
Civil Action No: 22-cv-02234

Dear Judge Komitee:

On September 25, 2024, this Court dismissed Plaintiffs claims in the above referenced matter, except for the Title VII and New York City Human Rights Act Claims for individual claimant Amoura Bryan. See ECF #99

On October 9, 2024, Defendants the City of New York and City of New York Department of Education (Collectively “City”) filed a Motion to Reconsider requesting this Court to also dismiss Ms. Bryan’s remaining claims. See ECF #100.

On October 10, 2024, this Court vacated the status conference hearing scheduled November 7, 2024 and ordered Plaintiff Bryan to file a Letter Responsive Motion to the City’s Motion to Reconsider.

Counsel hereby requests a 90 – day continuance for Ms. Bryan to respond to the City’s Motion to Reconsider. Contemporaneously filed with this Letter requesting Continuance, Counsel has filed a Motion to Withdraw as Counsel for Ms. Bryan as outlined in the Motion and supporting Declaration. See ECF #102 Ms. Bryan will need time to secure new counsel. Attached hereto as Exhibit 1 is Ms. Bryan’s Notice of Claim the City has once again falsely represented that Plaintiffs have failed to file.

There are no other scheduled deadlines in this case.

Respectfully Submitted,

/s/ Jo Saint-George

Jo Saint-George

14216 DUNWOOD VALLEY DR., BOWIE MD 20721  
Phone: 602-326-8663 – [www.WOC4EqualJustice.org](http://www.WOC4EqualJustice.org)



cc: Elisheva L. Rosen  
Assistant Corporation Counsel  
Office of Hon. Sylvia O. Hinds-  
Radix  
The City of New York Law  
Department 100 Church Street  
New York, New York 10007  
Phone: (212) 356-3522  
E-mail: [erosen@law.nyc.gov](mailto:erosen@law.nyc.gov)

## EXHIBIT #1



**VIA FILE UPLOAD**

May 10, 2022

Brad Lander  
Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
Form Version: NYC-COMPT-BLA-LE-C4

**Re: Notice of Claim Class Action - RULE 50**

Dear Mr. Lander:

We represent the below list of New York City (the “City”) employees who have been placed on “indeterminate involuntary leave without pay” for exercising their right to refuse to Covid-19 vaccine based on their First Amendment Right to refuse and based on the City’s lack of authority to create the Covid-19 vaccine requirement because the authority is pre-empted by OSHA’s authority to set workplace safety standards.

Therefore, this letter and the attached documents will serve as the Notice of Claims for Employment and Personal Injury Damages for City’s Violations of the employees First Amendment Rights, various New York Civil Service Disciplinary Laws, Title VII Religious Harassment, the American’s With Disability Act, and the New York City Human Rights Act, which provides punitive damages for the City’s reckless disregard for the rights of its employees.

Attached find the following:

1. one (1) completed Employment and Personal Injury Claim form for all employees, and we have provided an Excel spreadsheet that contains all of the data required to be provided in the attached forms.
2. Spreadsheet list of employee information in support of the claim forms
3. Exhibit A – Memorandum of Legal Causes of Action - pages 1-94

List of Employees for which the Notice of Claim applies and is provided for “All similarly situated employees”:

1. Curtis Boyce
2. Sara Coombs-Moreno
3. Elizabeth Loiacono
4. Jesus Coombs
5. Julia Harding
6. Angela Velez
7. Sancha Browne
8. Amoura Bryan
9. Ayse Ustares



10. Zena Wouadjou
11. Remo Dello Ioio
12. Charisse Ridulfo
13. Sancha Browne
14. Tracy-Ann Francis-Martin
15. Kareem Campbell
16. Michelle Hemmings Harrington
17. Mark Mayne
18. Carla Grant
19. Cassandra Chandler
20. Aura Moody
21. Suzanne Deegan
22. Evelyn Zapata
23. Christine O'Reilly
24. Edward Weber
25. Maritza Romero
26. Sean Milan
27. Sonia Hernandez
28. Jeffrey B. Hunter
29. Rasheen Odom
30. Maria Figaro
31. Sara Coombs-Moreno
32. Frankie Trotman
33. Yulonda Smith
34. Roseanna Mustacchia
35. Jessica Csepku
36. Natalya Hogan
37. Bruce Reid
38. Joseph Rullo
39. Cheryl Thompson
40. Dianne Baker-Pacius

If you have any questions or need additional information, please feel free to contact me on my cell number at 602-326-8663.

Sincerely,

*Jo Saint-George, Esq.*  
Jo Saint-George, Esq.  
Chief Legal Officer



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
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**I am filing:** ☐ On behalf of myself.

☒ Attorney is filing.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

First Name:

Relationship to the claimant:

### Claimant Information

\*Last Name:

USTARES

\*First Name:

AYSE

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth:

Soc. Sec #:

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

Current City Employee?

☒ Yes ☐ No ☐ NA

Current Agency: DEPT. OF EDUCATION

Gender:

☐ Male ☒ Female ☐ Other

### Attorney Information (if represented by attorney)

+Firm or Last Name:

WOMEN OF COLOR 4 EQUAL JUSTICE

+Firm or First Name:

JO SAINT-GEORGE, ESQ.

+Address:

MAILING - 350 E. DIAMOND AVE.

Address 2:

UNIT 4077

+City:

GIATHERSBURG

+State:

MARYLAND

+Zip Code:

20877

Tax Id:

261289930

Phone:

(602) 326-8663

Email Address:

JO@WOC4EQUALJUSTICE.ORG

Retype Email:

JO@WOC4EQUALJUSTICE.ORG

### Name and place where the claim arose

Event Date from:

09/09/2021

Format: MM/DD/YYYY

Event Date to:

05/11/2022

Format: MM/DD/YYYY

Event Location:

ONGOING RELIGIOUS & DISABILITY  
HARASSMENT & DISTRESS

Address:

PS 19 JUDITH K. WEISS

Address 2:

BRONX

State:

NEW YORK

Borough:

BRONX

\* Denotes required fields. Either a claimant or attorney email address is required.

+ Denotes field that is required if Attorney is filing.



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Brad Lander

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1 Centre Street  
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**\*Nature of Claim/Description of Claim**

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - [HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM%20WITH-EXHIBITS-FINAL-V2.PDF](http://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM%20WITH-EXHIBITS-FINAL-V2.PDF) - CLAIMS:

#1. OSHA PRE-EMPTION OF NEW YORK CITY DEPARTMENT OF HEALTH ORDERS - THE CITY THROUGH THE DEPARTMENT OF HEALTH LACKED AUTHORITY TO ISSUE THE COVID-19 VACCINE ORDERS FROM AUGUST 2021 TO DECEMBER 2021 THAT ONLY APPLIED TO CITY EMPLOYEES. ONLY OSHA HAS AUTHORITY TO CREATE AND IMPLEMENT WORKPLACE SAFETY STANDARDS. THE ORDERS WERE NOT FOR THE GENERAL GOO, CITY FAILED TO TRAIN EMPLOYEES REGARDING ALL OSHA RISK MITIGATION CONTROLS FOR WORKPLACE SAFETY AGAINST COVID-19 - SPECIFICALLY THE RIGHT TO "REMOTE WORK" AND SAFETY EQUIPMENT - SPECIFICALLY RESPIRATORS AND POWERED AIR PURIFYING RESPIRATORS (PAPR) -

#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY") AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

*If you need additional room, attach your description as an additional document.*

**What agency/employer are you making this claim against?**

\*Agency: DEPT. OF EDUCATION  
Address: 65 COURT ST.  
Address 2: #102  
City: BROOKLYN  
State: NEW YORK  
Zip Code: 11201

Work days lost: 180



Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

+ +Contractor Name:

*\*Denotes required field*

*+ +Denotes field that is required if you were employed by a City Contractor.*



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Brad Lander

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1 Centre Street  
New York, NY 10007  
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### Salary/Benefit Claimed Damages

Date From: Date To: Amount:

Overtime:		
Compensatory time:		
Differential:		
Annual Leave/Vacation:		
Sick Leave:		
Salary:		
Total:		0.00

### Additional Claimed Damages

Amount:

Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY	
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREEDOM	
Specify:	PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY	
Specify:	ATTORNEY FEES	
Specify:		
Total:		

**\*\*Total  
Claimed  
Amount:**

--	--

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

*\*Denotes field that is required.*

*\*\*Total Claimed Amount will be automatically calculated after all required fields are entered.*





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**I am filing:** ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

First Name:

Relationship to  
the claimant:

### Claimant Information

\*Last Name:

MOODY

\*First Name:

AURA

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth:

Soc. Sec #:

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

Current City  
Employee?

☒ Yes ☐ No ☐ NA

Current Agency: DEPT. OF EDUCATION

Gender:

☐ Male ☒ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (if represented by attorney)

+Firm or Last Name:

WOMEN OF COLOR 4 EQUAL JUSTICE

+Firm or First Name:

JO SAINT-GEORGE, ESQ.

+Address:

MAILING - 350 E. DIAMOND AVE.

Address 2:

UNIT 4077

+City:

GIATHERSBURG

+State:

MARYLAND

+Zip Code:

20877

Tax Id:

261289930

+Phone:

(602) 326-8663

+Email Address:

JO@WOC4EQUALJUSTICE.ORG

+Retype Email:

JO@WOC4EQUALJUSTICE.ORG

### The time and place where the claim arose

\*Incident Date from:

09/09/2021

Format: MM/DD/YYYY

\*Incident Date to:

05/11/2022

Format: MM/DD/YYYY

\*Incident Location:

ONGOING RELIGIOUS & DISABILITY  
HARASSMENT & DISTRESS

Address:

65 COURT STREET

Address 2:

City:

BROOKLYN

State:

NEW YORK

Borough:

BROOKLYN (KINGS)

\* Denotes required fields. Either a claimant or attorney email address is required.

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**\*Nature of Claim/Description of Claim**

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#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

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*If you need additional room, attach your description as an additional document.*

**What agency/employer are you making this claim against?**

\*Agency: DEPT. OF EDUCATION  
Address: 65 COURT ST.  
Address 2: #102  
City: BROOKLYN  
State: NEW YORK  
Zip Code: 11201

Work days lost: 210

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

+ + Contractor Name:

*\*Denotes required field*

*+ + Denotes field that is required if you were employed by a City Contractor.*



New York City Comptroller  
Brad Lander

### Salary/Benefit Claimed Damages

Date From: Date To: Amount:

Overtime:		
Compensatory time:		
Differential:		
Annual Leave/Vacation:		
Sick Leave:		
Salary:		
Total:		0.00

### Additional Claimed Damages

Amount:

Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY	
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREEDOM	
Specify:	PUNITIVES CALCULATED BASED ON 5 X GROSS SALARY	
Specify:	ATTORNEY FEES	
Specify:		
Total:		

**\*\*Total  
Claimed  
Amount:**

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

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☐ On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

First Name:

Relationship to the claimant:

### Claimant Information

\*Last Name:

BOYCE

\*First Name:

CURTIS

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth:

Soc. Sec #:

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

Current City Employee?

☒ Yes ☐ No ☐ NA

Current Agency: DEPT. OF EDUCATION

Gender:

☐ Male ☒ Female ☐ Other

### Attorney Information (if represented by attorney)

+Firm or Last Name:

WOMEN OF COLOR 4 EQUAL JUSTICE

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JO SAINT-GEORGE, ESQ.

+Address:

MAILING - 350 E. DIAMOND AVE.

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+City:

GIATHERSBURG

+State:

MARYLAND

+Zip Code:

20877

Tax Id:

261289930

+Phone:

(602) 326-8663

+Email Address:

JO@WOC4EQUALJUSTICE.ORG

+Retype Email:

JO@WOC4EQUALJUSTICE.ORG

### The time and place where the claim arose

\*Incident Date from:

09/09/2021

Format: MM/DD/YYYY

\*Incident Date to:

05/11/2022

Format: MM/DD/YYYY

\*Incident Location:

ONGOING RELIGIOUS & DISABILITY HARASSMENT & DISTRESS

Address:

11625 GUY R. BREWER RD

Address 2:

City:

JAMAICA

State:

NEW YORK

Borough:

QUEENS

\* Denotes required fields. Either a claimant or attorney email address is required.

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Address: 65 COURT ST.  
Address 2: #102  
City: BROOKLYN  
State: NEW YORK  
Zip Code: 11201

Work days lost: 210  
Amount Earned Weekly: [REDACTED]  
Amount Earned Yearly: [REDACTED]

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

+ +Contractor Name: [REDACTED]

*\*Denotes required field*

*+ +Denotes field that is required if you were employed by a City Contractor.*



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Date From: Date To: Amount:

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Differential:		
Annual Leave/Vacation:		
Sick Leave:		
Salary:		
Total:		0.00

### Additional Claimed Damages

Amount:

Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREEDOM
Specify:	PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY
Specify:	ATTORNEY FEES
Specify:	
Total:	

**\*\*Total  
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**I am filing:** ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

First Name:

Relationship to  
the claimant:

### Claimant Information

\*Last Name:

BRYAN

\*First Name:

AMOURA

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth:

Soc. Sec #:

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

TEACHER REMOTE HOME

Current City  
Employee?

☒ Yes ☐ No ☐ NA

Current Agency:

DEPT. OF EDUCATION

Gender:

☐ Male ☒ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (if represented by attorney)

+Firm or Last Name:

WOMEN OF COLOR 4 EQUAL JUSTICE

+Firm or First Name:

JO SAINT-GEORGE, ESQ.

+Address:

MAILING - 350 E. DIAMOND AVE.

Address 2:

UNIT 4077

+City:

GIATHERSBURG

+State:

MARYLAND

+Zip Code:

20877

Tax Id:

261289930

+Phone:

(602) 326-8663

+Email Address:

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+Retype Email:

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HARASSMENT & DISTRESS

Address:

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Address 2:

City:

BROOKLYN

State:

NEW YORK

Borough:

BROOKLYN (KINGS)

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FormVersion: NYC-COMPT-BLA-LE-C4

**\*Nature of Claim/Description of Claim**

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - [HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM%20WITH-EXHIBITS-FINAL-V2.PDF](http://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM%20WITH-EXHIBITS-FINAL-V2.PDF) - CLAIMS:

#1. OSHA PRE-EMPTION OF NEW YORK CITY DEPARTMENT OF HEALTH ORDERS - THE CITY THROUGH THE DEPARTMENT OF HEALTH LACKED AUTHORITY TO ISSUE THE COVID-19 VACCINE ORDERS FROM AUGUST 2021 TO DECEMBER 2021 THAT ONLY APPLIED TO CITY EMPLOYEES. ONLY OSHA HAS AUTHORITY TO CREATE AND IMPLEMENT WORKPLACE SAFETY STANDARDS. THE ORDERS WERE NOT FOR THE GENERAL GOO, CITY FAILED TO TRAIN EMPLOYEES REGARDING ALL OSHA RISK MITIGATION CONTROLS FOR WORKPLACE SAFETY AGAINST COVID-19 - SPECIFICALLY THE RIGHT TO "REMOTE WORK" AND SAFETY EQUIPMENT - SPECIFICALLY RESPIRATORS AND POWERED AIR PURIFYING RESPIRATORS (PAPR) -

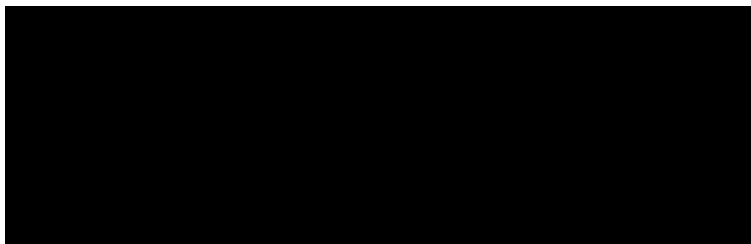
#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY") AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

*If you need additional room, attach your description as an additional document.*

**What agency/employer are you making this claim against?**

\*Agency: **DEPT. OF EDUCATION**  
Address: **65 COURT ST.**  
Address 2: **#102**  
City: **BROOKLYN**  
State: **NEW YORK**  
Zip Code: **11201**



Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

+ +Contractor Name:

*\*Denotes required field*

*+ +Denotes field that is required if you were employed by a City Contractor.*





New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
FormVersion: NYC-COMPT-BLA-LE-C4

### Salary/Benefit Claimed Damages

Date From: Date To: Amount:

Overtime:		
Compensatory time:		
Differential:		
Annual Leave/Vacation:		
Sick Leave:		
Salary:		
Total:		0.00

### Additional Claimed Damages

Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREED
Specify:	PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY
Specify:	ATTORNEY FEES
Specify:	
Total:	

**\*\*Total  
Claimed  
Amount:**

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

*\*Denotes field that is required.*

*\*\*Total Claimed Amount will be automatically calculated after all required fields are entered.*



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
FormVersion: NYC-COMPT-BLA-LE-C4

## City Employment Claim Form

For most claims, electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

**I am filing:** ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

First Name:

Relationship to  
the claimant:

### Claimant Information

\*Last Name:

OREILLY

\*First Name:

CHRISTINE

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth:

Soc. Sec #:

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

TEACHER

Current City  
Employee?

☒ Yes ☐ No ☐ NA

Current Agency:

DEPT. OF EDUCATION

Gender:

☐ Male ☒ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (if represented by attorney)

+Firm or Last Name:

WOMEN OF COLOR 4 EQUAL JUSTICE

+Firm or First Name:

JO SAINT-GEORGE, ESQ.

+Address:

MAILING - 350 E. DIAMOND AVE.

Address 2:

UNIT 4077

+City:

GIATHERSBURG

+State:

MARYLAND

+Zip Code:

20877

Tax Id:

261289930

+Phone:

(602) 326-8663

+Email Address:

JO@WOC4EQUALJUSTICE.ORG

+Retype Email:

JO@WOC4EQUALJUSTICE.ORG

### The time and place where the claim arose

\*Incident Date from:

09/09/2021

Format: MM/DD/YYYY

\*Incident Date to:

05/11/2022

Format: MM/DD/YYYY

\*Incident Location:

ONGOING RELIGIOUS & DISABILITY  
HARASSMENT & DISTRESS

Address:

60-02 60TH LANE

Address 2:

City:

MASPETH

State:

NEW YORK

Borough:

MANHATTAN (NEW YORK)

\* Denotes required fields. Either a claimant or attorney email address is required.

+ Denotes field that is required if Attorney is filing.



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
FormVersion: NYC-COMPT-BLA-LE-C4

**\*Nature of Claim/Description of Claim**

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - [HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM%20WITH-EXHIBITS-FINAL-V2.PDF](http://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM%20WITH-EXHIBITS-FINAL-V2.PDF) - CLAIMS:

#1. OSHA PRE-EMPTION OF NEW YORK CITY DEPARTMENT OF HEALTH ORDERS - THE CITY THROUGH THE DEPARTMENT OF HEALTH LACKED AUTHORITY TO ISSUE THE COVID-19 VACCINE ORDERS FROM AUGUST 2021 TO DECEMBER 2021 THAT ONLY APPLIED TO CITY EMPLOYEES. ONLY OSHA HAS AUTHORITY TO CREATE AND IMPLEMENT WORKPLACE SAFETY STANDARDS. THE ORDERS WERE NOT FOR THE GENERAL GOO, CITY FAILED TO TRAIN EMPLOYEES REGARDING ALL OSHA RISK MITIGATION CONTROLS FOR WORKPLACE SAFETY AGAINST COVID-19 - SPECIFICALLY THE RIGHT TO "REMOTE WORK" AND SAFETY EQUIPMENT - SPECIFICALLY RESPIRATORS AND POWERED AIR PURIFYING RESPIRATORS (PAPR) -

#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY") AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

*If you need additional room, attach your description as an additional document.*

**What agency/employer are you making this claim against?**

\*Agency: DEPT. OF EDUCATION  
Address: 65 COURT ST.  
Address 2: #102  
City: BROOKLYN  
State: NEW YORK  
Zip Code: 11201

Work days lost: 210  
Amount Earned Weekly:  
Amount Earned Yearly:

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

+ +Contractor Name:

*\*Denotes required field*

*+ +Denotes field that is required if you were employed by a City Contractor.*



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
FormVersion: NYC-COMPT-BLA-LE-C4

### Salary/Benefit Claimed Damages

Date From: Date To: Amount:

Overtime:		
Compensatory time:		
Differential:		
Annual Leave/Vacation:		
Sick Leave:		
Salary:		
Total:		0.00

### Additional Claimed Damages

Amount:

Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY	
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREEDOM	
Specify:	PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY	
Specify:	ATTORNEY FEES	
Specify:		
Total:		

**\*\*Total  
Claimed  
Amount:**

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

*\*Denotes field that is required.*

*\*\*Total Claimed Amount will be automatically calculated after all required fields are entered.*



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Office of the New York City Comptroller  
1 Centre Street  
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FormVersion: NYC-COMPT-BLA-LE-C4

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**I am filing:** ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

First Name:

Relationship to  
the claimant:

### Claimant Information

\*Last Name:

CHANDLER

\*First Name:

CASSANDRA

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth:

Soc. Sec #:

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

Current City  
Employee?

☒ Yes ☐ No ☐ NA

Current Agency: DEPT. OF EDUCATION

Gender:

☐ Male ☒ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (if represented by attorney)

+Firm or Last Name:

WOMEN OF COLOR 4 EQUAL JUSTICE

+Firm or First Name:

JO SAINT-GEORGE, ESQ.

+Address:

MAILING - 350 E. DIAMOND AVE.

Address 2:

UNIT 4077

+City:

GIATHERSBURG

+State:

MARYLAND

+Zip Code:

20877

Tax Id:

261289930

+Phone:

(602) 326-8663

+Email Address:

JO@WOC4EQUALJUSTICE.ORG

+Retype Email:

JO@WOC4EQUALJUSTICE.ORG

### The time and place where the claim arose

\*Incident Date from:

09/09/2021

Format: MM/DD/YYYY

\*Incident Date to:

05/11/2022

Format: MM/DD/YYYY

\*Incident Location:

ONGOING RELIGIOUS & DISABILITY  
HARASSMENT & DISTRESS

Address:

150 WILLIAM STREET

Address 2:

City:

NEW YORK

State:

NEW YORK

Borough:

MANHATTAN (NEW YORK)

\* Denotes required fields. Either a claimant or attorney email address is required.

+ Denotes field that is required if Attorney is filing.



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
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*If you need additional room, attach your description as an additional document.*

**What agency/employer are you making this claim against?**

\*Agency: ADMINISTRATION FOR CHILDREN'S SE  
Address: 66 JOHN STREET  
Address 2: #400  
City: NEW YORK  
State: NEW YORK  
Zip Code: 10038

Work days lost: 210

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

+ +Contractor Name:

*\*Denotes required field*

*+ +Denotes field that is required if you were employed by a City Contractor.*



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
FormVersion: NYC-COMPT-BLA-LE-C4

### Salary/Benefit Claimed Damages

Date From: Date To: Amount:

Overtime:		
Compensatory time:		
Differential:		
Annual Leave/Vacation:		
Sick Leave:		
Salary:		
Total:		0.00

### Additional Claimed Damages

Amount:

Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY	2
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREEDOM	4
Specify:	PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY	3
Specify:	ATTORNEY FEES	5
Specify:		
Total:		6

**\*\*Total  
Claimed  
Amount:**

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

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Brad Lander

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1 Centre Street  
New York, NY 10007  
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## City Employment Claim Form

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I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

NOTE: MR. DELLO IOIO HAS FILED A NOTICE

First Name:

THIS IS TO CONFIRM THAT

Relationship to the claimant:

WE REPRESENT HIM NOW.

### Claimant Information

\*Last Name:

RIDULFO

\*First Name:

CHARISSE

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth:

Soc. Sec #:

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

Current City Employee?

☒ Yes ☐ No ☐ NA

Current Agency:

DEPT. OF EDUCATION

Gender:

☐ Male ☒ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (if represented by attorney)

+Firm or Last Name:

WOMEN OF COLOR 4 EQUAL JUSTICE

+Firm or First Name:

JO SAINT-GEORGE, ESQ.

+Address:

MAILING - 350 E. DIAMOND AVE.

Address 2:

UNIT 4077

+City:

GIATHERSBURG

+State:

MARYLAND

+Zip Code:

20877

Tax Id:

261289930

+Phone:

(602) 326-8663

+Email Address:

JO@WOC4EQUALJUSTICE.ORG

+Retype Email:

JO@WOC4EQUALJUSTICE.ORG

### The time and place where the claim arose

\*Incident Date from:

09/09/2021

Format: MM/DD/YYYY

\*Incident Date to:

05/11/2022

Format: MM/DD/YYYY

\*Incident Location:

ONGOING RELIGIOUS & DISABILITY  
HARASSMENT & DISTRESS

Address:

3450 TREMONT AVENUE

Address 2:

City:

BRONX

State:

NEW YORK

Borough:

BRONX

\* Denotes required fields. Either a claimant or attorney email address is required.

+ Denotes field that is required if Attorney is filing.





New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
FormVersion: NYC-COMPT-BLA-LE-C4

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*If you need additional room, attach your description as an additional document.*

**What agency/employer are you making this claim against?**

\*Agency: DEPT. OF EDUCATION  
Address: 65 COURT ST.  
Address 2: #102  
City: BROOKLYN  
State: NEW YORK  
Zip Code: 11201

Work days lost: 210

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

+ + Contractor Name:

*\*Denotes required field*

*+ + Denotes field that is required if you were employed by a City Contractor.*



New York City Comptroller  
Brad Lander

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1 Centre Street  
New York, NY 10007  
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### Salary/Benefit Claimed Damages

Date From: Date To: Amount:

Overtime:		
Compensatory time:		
Differential:		
Annual Leave/Vacation:		
Sick Leave:		
Salary:		
Total:		0.00

### Additional Claimed Damages

Amount:

Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY	
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREEDOM	
Specify:	PUNITIVES CALCULATED BASED ON [REDACTED]	
Specify:	ATTORNEY FEES	
Specify:		
Total:		

**\*\*Total Claimed Amount:** [REDACTED]

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

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**I am filing:** ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

First Name:

Relationship to  
the claimant:

### Claimant Information

\*Last Name: BAKER-PACIUS

\*First Name:

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth:

Soc. Sec #:

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

Current City Employee? ☒ Yes ☐ No ☐ NA

Current Agency: DEPT. OF EDUCATION

Gender: ☐ Male ☒ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (if represented by attorney)

+Firm or Last Name:

+Firm or First Name:

+Address:

Address 2:

+City:

+State:

+Zip Code:

Tax Id:

+Phone:

+Email Address:

+Retype Email:

WOMEN OF COLOR 4 EQUAL JUSTICE

JO SAINT-GEORGE, ESQ.

MAILING - 350 E. DIAMOND AVE.

UNIT 4077

GIATHERSBURG

MARYLAND

20877

261289930

(602) 326-8663

JO@WOC4EQUALJUSTICE.ORG

JO@WOC4EQUALJUSTICE.ORG

### The time and place where the claim arose

\*Incident Date from:

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Format: MM/DD/YYYY

\*Incident Date to:

05/11/2022

Format: MM/DD/YYYY

\*Incident Location:

ONGOING RELIGIOUS & DISABILITY  
HARASSMENT & DISTRESS

Address:

370 WEST 120TH ST.

Address 2:

City:

NEW YORK

State:

NEW YORK

Borough:

MANHATTAN (NEW YORK)

\* Denotes required fields. Either a claimant or attorney email address is required.

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FormVersion: NYC-COMPT-BLA-LE-C4

**\*Nature of Claim/Description of Claim**

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - [HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM%20WITH-EXHIBITS-FINAL-V2.PDF](http://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM%20WITH-EXHIBITS-FINAL-V2.PDF) - CLAIMS:

#1. OSHA PRE-EMPTION OF NEW YORK CITY DEPARTMENT OF HEALTH ORDERS - THE CITY THROUGH THE DEPARTMENT OF HEALTH LACKED AUTHORITY TO ISSUE THE COVID-19 VACCINE ORDERS FROM AUGUST 2021 TO DECEMBER 2021 THAT ONLY APPLIED TO CITY EMPLOYEES. ONLY OSHA HAS AUTHORITY TO CREATE AND IMPLEMENT WORKPLACE SAFETY STANDARDS. THE ORDERS WERE NOT FOR THE GENERAL GOO, CITY FAILED TO TRAIN EMPLOYEES REGARDING ALL OSHA RISK MITIGATION CONTROLS FOR WORKPLACE SAFETY AGAINST COVID-19 - SPECIFICALLY THE RIGHT TO "REMOTE WORK" AND SAFETY EQUIPMENT - SPECIFICALLY RESPIRATORS AND POWERED AIR PURIFYING RESPIRATORS (PAPR) -

#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY") AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

*If you need additional room, attach your description as an additional document.*

**What agency/employer are you making this claim against?**

\*Agency: DEPT. OF EDUCATION  
Address: 65 COURT STREET  
Address 2:  
City: BROOKLYN  
State: NEW YORK  
Zip Code: 11201

Work days lost: 210  
Amount Earned Weekly:  
Amount Earned Yearly:

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

+ +Contractor Name:

*\*Denotes required field*

*+ +Denotes field that is required if you were employed by a City Contractor.*



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
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### Salary/Benefit Claimed Damages

Date From: Date To: Amount:

Overtime:		
Compensatory time:		
Differential:		
Annual Leave/Vacation:		
Sick Leave:		
Salary:		
Total:		0.00

### Additional Claimed Damages

Amount:

Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY	
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREEDOM	
Specify:	PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY	
Specify:	ATTORNEY FEES	
Specify:		
Total:		

**\*\*Total Claimed Amount:**

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

\*Denotes field that is required.

\*\*Total Claimed Amount will be automatically calculated after all required fields are entered.